STATEMENT OF DESIGNATION OF COURSE

MOR 4/65	
NAME OF COUNSEL:	PERKINS COIE ILP
ADDRESS:	607 Fourteenth St. NW
	Washington, D.C.
	7.0065-2011
TELEPHONE:	(201) 678-6600

The above-named individual is hereby designated as my counsel and is authorized to receive any notifications and other communications from the Commission and to act on my behalf before the Commission.

August 76,1998

Silghature

RESPONDENT'S NAME:

HRT BANDER

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